



Authorized Continuing Education (ACE): Coordinator Change Request Form

This form should be completed by the individual who will be assuming the role of ACE Coordinator for the Organization Provider listed below. It should be submitted via the [Contact Us Form](#).

Provider Information

Organization Provider Name: _____

Provider Number: _____

Mailing Address: _____

New Coordinator Information

Name: _____ BACB Certification #: _____

Email Address: _____ Phone Number: _____

Attestations

- If possible, the previous coordinator is aware that the change is being submitted.
- I meet the requirements to serve as an ACE Coordinator as described in the ACE Provider Handbook.
- I understand that I will be solely responsible for this ACE Provider's Learning continuing education (CE) offerings.
- I will personally review and be responsible for content provided by qualified instructors.
- I will ensure that all events offered for Learning CE are consistent with the standards for Learning CE as described in the ACE Provider Handbook (e.g., content is behavior-analytic and goes beyond the current task list).
- I will ensure that documentation and record-keeping of all events will be completed in accordance with the BACB's requirements for ACE Providers as described in the ACE Provider Handbook.
- I will retain (and provide to the BACB upon request) all documentation, as described in the ACE Provider Handbook.
- I have read the ACE Provider Handbook in its entirety and agree to comply with all requirements.
- By signing below, I affirm that the information provided in this application is true and accurate. I agree to be bound by all BACB standards and requirements for ACE providers. I agree to indemnify and hold harmless the BACB, its directors, officers, employees, agents, and volunteers from and against any and all liability (including court costs and attorney's fees) that may arise from the BACB's agreement to process this application and any decisions or actions relating to this application, including, but not limited to: approval decisions, renewal actions and decisions, denials of approved status, notice regarding ACE status, and the issuance of sanctions regarding approval status.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

This document must be signed in accordance with the [Acceptable Signatures Policy](#).